2015:08:05:03:00017727

FEC FORM

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

| FORM 1 | | Ondan | | 514 | | 15 | JUL-29 | O 유보 나: 2 | ∓₽ 2 0 |
|---|---------------|------------------------------------|---------------|---|-------------------|--|-------------|---------------------|----------------------------|
| 1. NAME OF COMMITTEE (in | n full) | (Check if namis changed) | | mple:If typing, typ | oe 12 | FE4M5 | | | |
| Strickland Ohi | o Victory | Fund 2016 | 1 1 1 1 | | 111 | <u> </u> | | <u> </u> | |
| ADDRESS (number a (Check if a is changed) | ddress | 611 Pennsylva Ste. 143 Washington | nia Avenu | ie SE | D | C | 20003 | IP CODE | |
| COMMITTEE'S E-MA (Check if is change | address | G (Please provide only ldecot@mbac | one e-mail ad | dress) | | | | | |
| COMMITTEE'S WEE | B PAGE ADD | RESS (URL) | | | | | | | |
| (Check if is change | | | | | | <u> </u> | | 2815 | |
| 2. DATE 07 | 7 29°° | 2015 | | | | | | AUG -5 | ISIAID SIMMOO SIMMOO |
| 3. FEC IDENTIFI | CATION NUI | MBER (| | | | | | PM 3: 5 | SION SION |
| 4. IS THIS STATE | MENT 🗸 | NEW (N) | OR | AMENDED | (A) | | | 59 | 17 |
| I certify that I have Type or Print Name Signature of Treasur | of Treasurer | Lauren Deco | • | knowledge and b | elief it is tru | 07 | t and compl | ete. | D . |
| NOTE: Submission of | | us, or incomplete inform | | | | | | es of 2 U.S.C | . §437g. |
| Office Use Only | | | | For further inform. Federal Election Co Toll Free 800-424-9 Local 202-694-1100 | ommission 1530 | : | | FORM 1 sed 02/2009) | |

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|----|------------------------------|--|-------------------------------------|
| 5. | | COMMITTEE | |
| | (a) | e Committee: This committee is a principal campaign committee. (Complete the candidate information below.) | |
| | (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complet | e the candidate |
| | . — | information below.) | o the candidate |
| | Name of Candidate | | |
| | Candidate Party Affiliati | Office ion Sought: House Senate President | State |
| | . arty Amiai | Sought. House Senate Fresident | District |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | | |
| | Party Cor | | |
| | (d) | | mocratic, publican, etc.) Party. |
| | Political A | Action Committee (PAC): | |
| | (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec | eted organization is a: |
| | | Corporation Corporation w/o Capital Stock | abor Organization |
| | | Membership Organization Trade Association C | ooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee) | gated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| | Joint Fun | draising Representative: | |
| | (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| | (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two contributions. | r more political |
| | ا ا | committees/organizations, none of which is an authorized committee of a federal candidate. | |
| | Con | nmittees Participating in Joint Fundraiser Strick and for Senate |)10" " " " " |
| | 1. | C | |
| | 2. | Ohio Democratic Party FEC ID number C 000168 | 999 |
| | • 3. | | |
| | 4. | FEC ID number | |

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|---|---|-------------------------------|
| Write or Type Committe | | |
| Strickland Onlo V | Victory Fund 2016 | |
| 6. Name of Any Conn | nected Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| 1 1 - 1 1 1 1 1 1 1 | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Co | onnected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| 7. Custodian of Record books and records. | rds: Identify by name, address (phone number optional) and position of the person | on in possession of committee |
| Full Name | auren Decot | |
| Mailing Address | 611 Pennsylvania Avenue SE | |
| Maining / Idai 055 | Ste. 143 | |
| | Washington | 20003 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | |
| | name and address (phone number optional) of the treasurer of the committee; ar nt (e.g., assistant treasurer). | d the name and address of |
| Full Name Li | auren Decot | |
| Mailing Address | ,611 Pennsylvania Avenue SE | <u> </u> |
| J = | Ste. 143 | |
| | Washington | 20003 |
| | CITY STATE | ZIP CODE |
| Title or Position Treasurer | 202 | - 552 |

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

Hand Delivered

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|--|-------------------------------|--|--|--|
| Hand Delivered | Date of Receipt | | | |
| Postmarked USPS First Class Mail | Date of Receipt | | | |
| USPS Registered/Certified | Postmarked (R/C) | | | |
| USPS Priority Mail | Postmarked | | | |
| USPS Priority Mail Express | Postmarked | | | |
| Postmark Illegible | · . | | | |
| No Postmark | · . | | | |
| Overnight Delivery Service (Specify): | Shipping Date | | | |
| | Next Business Day Delivery | | | |
| Received from House Records & Registration | Date of Receipt n Office | | | |
| Received from Senate Public Records Office | Date of Receipt | | | |
| Received from Electronic Filing Office | Date of Receipt | | | |
| Other (Specify): | Date of Receipt or Postmarked | | | |
| PREPARER | 8/3/15 DATE PREPARED | | | |
| (3/2015) | | | | |